

Commonwealth of Virginia
Department of General Services
Division of Consolidated Laboratory Services
Richmond, Virginia

Change In Scope - Request Authorization

**INSTRUCTIONS: SUBMIT THIS SIGNED CHANGE OF SCOPE AUTHORIZATION PAGE
WITH ONE OR MORE REQUEST DETAIL PAGE(S).**

Laboratory Name: _____

Laboratory EPA ID: _____ VELAP ID (if available): _____

CHECK ONE:

- ☐ **INITIAL APPLICATION:** This request was not found in application selections. [Additional fees do not apply for requests made within the initial application process.]
- ☐ **UPDATE TO APPLICATION:** This request is for a Change in Scope of Certification/Accreditation or a change of primary Accrediting Body. Additional fees apply. [The laboratory will be invoiced after the request is processed.]
- ☐ **REAPPLICATION AFTER REVOCATION:** Note requirement for corrective action report; see below. Additional fees apply. [The laboratory will be invoiced after the request is processed.]

CHECK ONE if Update to Application or Reapplication after Revocation:

☐ **CHAPTER 45 / CHAPTER 46 Primary REQUIRED SUBMISSIONS:**

- Standard Operating Procedure (SOP)
- Ch 46: Two successful Proficiency Test (PT) studies, where available (See VELAP PT FAQ document.)
 - **NOTE: It is the laboratory's responsibility to establish an ongoing PT schedule to ensure participation in PT studies for the added test(s) at least semi-annually (no more than 7 months apart between consecutive attempts), starting with the most recent PT study submitted with the Change in Scope request. (2016 TNI VIM1 5.1.1.d)**
- Ch 45: One successful Proficiency Test (PT) study, where available (See VELAP PT FAQ document.)
- Demonstration of Capability (DOC) documentation, to include all information required by 1VAC30-45-730 G or the 2016 TNI Standard (VIM4 1.6.2.1, VIM5 1.6.2.1, etc.)
- **[For the case where re-application after revocation is requested]:** A corrective action report describing root cause(s) and action(s) taken to address the cause(s) for revocation
- Applicable fees

☐ **CHAPTER 46 Secondary REQUIRED SUBMISSIONS**

- Copy of the most current Certificate and Scope of Accreditation from the Primary Accrediting Body
- Applicable fees

CHECK ONE: Please process this request:

- ☐ as soon as possible.
- ☐ with the next scheduled certificate issuance. (Submit request 90 days prior to certificate expiration.)

Number of Request Detail forms submitted with this Request Authorization form: _____

The laboratory owner or his/her designee is responsible for reviewing the current VELAP document at www.dgs.virginia.gov/dcls located under Frequently Asked Questions (FAQ) regarding Information and Fees for Adding Fields of Certification. Fees as described in the FAQ document and in the regulations referenced in the document will be invoiced upon completion of the Change in Scope, based on fees for associated processing time/labor and site visit fees, if applicable.

NOTE: A REQUEST WITHOUT APPROPRIATE SUPPORTING DOCUMENTATION MAY BE RETURNED WITHOUT PROCESSING. REGULATORY TIMELINES FOR CHANGE IN SCOPE APPLY TO APPLICATIONS RECEIVED WITH ALL SUPPORTING DOCUMENTATION. [1VAC30-45-90 B, 1VAC30-46-90 B]

Lab Owner's (or designee's) Name & Title: _____

Lab Owner's (or designee's) Signature & Date: _____

DCLS USE [Date/Initial]: Rec'd _____ Processing Completed _____ Invoiced _____
Reviewed _____) _____ Payment Rec'd _____ Certificate Issued _____

NOTES:

Document #:6972

Revision: 9

Date Published: 11/02/22

Issuing Authority: Group Manager

Change in Scope - Request Detail

Laboratory Name: _____ **Laboratory EPA ID:** _____ **VELAP ID (if available):** _____

REQUESTED CHANGE IN PRIMARY ACCREDITING BODY (*Identify new AB here*): _____

REQUESTED CHANGE TO SCOPE (select ONE per form): ☐ **ADDITION** ☐ **REMOVAL**

MATRIX (select ONE per form): ☐ **Drinking Water** ☐ **Non-Potable Water** ☐ **Solid & Chemical Materials** ☐ **Air** ☐ **Biological Tissue**

INSTRUCTIONS:

Below enter each METHOD/ANALYTE to be added or removed as indicated above.

Please use separate forms for ADDITIONS and REMOVALS. Please use a separate form for each MATRIX.

For ADDITIONS for Chapter 45 or Chapter 46-Primary: SPECIFY THE NAME of PT studies submitted or already on file at DCLS.

For ADDITIONS for Chapter 46- Secondary: SPECIFY THE LOCATION of the Field Of Accreditation (FOA) on the included Primary Scope of Accreditation.

Method Name <u>with</u> Revision and/or Date Examples: EPA 200.7 Rev 4.4 SM 2540 F – 2011 EPA 8270 D	Analyte Name	FOR PRIMARY ACCREDITATION ONLY:		FOR SECONDARY ACCREDITATION ONLY:		VELAP INTERNAL USE ONLY:		
		PT Study 1 (name)	PT Study 2 (name)	Page # of FOA on Primary Certificate	Line # of FOA on Primary Certificate	Primary AB Certified (2° Lab)	Added to Lab App. in PROD	NOTES